



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 10/056,418 Confirmation No.: 8065
Applicant : Todd Campbell
Filed : January 22, 2002
TC/A.U. : 3731
Examiner : Vi X Nguyen

Docket No. : PA895
Customer No. : 28390
Title : Stent Assembly With Therapeutic Agent Exterior Banding

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENT

Sir:

In response to the Office Action mailed September 8, 2004, please amend the above-identified application as set forth below. This reply is being submitted within 3 months of the mailing date of the office action.

Amendments to the Claims are reflected in the listing of claims, which begin on page two (2) of this paper.

Remarks/Arguments begin on page eight (8) of this paper.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/056,415
	Filing Date	January 22, 2002
	First Named Inventor	CAMPBELL, Todd
	Art Unit	3731
	Examiner Name	Vi X NGUYEN
Total Number of Pages in This Submission	Attorney Docket Number	PA895

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks <div style="text-align: center;">RECEIVED JAN 07 2005 TECHNOLOGY CENTER R3700</div>		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Alan M. Krubiner		
Date	November 22, 2004	Reg. No.	26,289

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kimberly Melvin	Date	November 22, 2004

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